



Participant ID: \_\_\_ - \_\_\_ - \_\_\_

Participant Initials: \_\_\_

Clinical Center: \_\_\_ Site: \_\_\_

Visit Number: \_\_\_

CRF Date: \_\_\_/\_\_\_/\_\_\_

RC ID: \_\_\_

### PHYSICAL ASSESSMENT

#### Assessment at Baseline Visit and each Clinic Visit.

#### ANTHROPOMETRY

1. Date of measurement: \_\_\_/\_\_\_/\_\_\_  
MM DD YYYY

2. Time of measurement: \_\_\_ : \_\_\_ (military time)

#### A. Height and Weight:

3. Standing height: \_\_\_ . \_\_\_ cm

4. Weight: \_\_\_ . \_\_\_ kg

#### B. Body Size:

5. Girth (to the nearest cm):

a. Waist: \_\_\_ . \_\_\_ cm

#### ANKLE BRACHIAL INDEX

#### A. Blood Pressure: (systolic only)

6. Right Brachial Pressure: \_\_\_ (mm Hg)

7. Right Posterior Tibial Artery (PTA): \_\_\_ (mm Hg)

8. Right Dorsalis Pedis Artery (DPA): \_\_\_ (mm Hg)

9. Left Brachial Pressure: \_\_\_ (mm Hg)

10. Left Posterior Tibial Artery (PTA): \_\_\_ (mm Hg)

11. Left Dorsalis Pedis Artery (DPA): \_\_\_ (mm Hg)



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### PHYSICAL ASSESSMENT

#### B. Ankle Brachial Index:

12. Right AB Index: \_\_\_ . \_\_\_

13. Left AB Index: \_\_\_ . \_\_\_

**Calculation of Right Ankle Brachial (AB) Index [higher value of ankle systolic / higher value of brachial systolic]:**

Higher value in item # 7 or item #8 divided by value in item #6 or Item 9.

**Calculation of Left Ankle Brachial (AB) Index:**

Higher value in item #10 or item #11 divided by value in item #6 or Item 9.

### BIOELECTRIC IMPEDANCE ASSESSMENT:

**Assessment at Baseline Visit, 24 Month and 48 Month Visits.**

14. Body position: <sub>1</sub> Supine (preferred) <sub>2</sub> Seated

**Body position checked (in item #1) at Baseline Visit #3 must be used for subsequent testing.**

15. Side measured: <sub>1</sub> Right <sub>2</sub> Left

**Side measured (in item #2) at Baseline Visit #3 must be used for subsequent testing.**

16. Measured Resistance (R): \_\_\_ \_\_\_ \_\_\_ (ohms)

17. Measured Reactance (Xc): \_\_\_ \_\_\_ \_\_\_ (ohms)